PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY Secre	ARTMENT OF STATE stary of State		FILED
		200	39 OCT 30 PM 3: 42
DOCUMENT # LO 700 00 23310		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
CMW Capital, LLC			
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address		CR2E041 (10/08)	
1312 Hideaway Ln. (same)		4. State/Country of Formation	
Suite. Apt. #, etc.		Floy, da 5. Date Organized or Qualified	
City & State City & State			9ss In Florida 701 / 200 7
Rockledge, FL		6. FEI Number 35-23	
32955 Country USA Zip	Country	7.	OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered A	lgent		
Name Robert A. Carr		☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this	
Street Address (P.O. Box Number is Not Acceptable) 4260 Sky Way Drive			
Suite, Apt. #, Etc.		box, you are certifying the prior notices were not received and requesting the \$100	
City	State Zip Code	reinstate	ement be waived.
Cocoa	FL 32927		·
9. I, being appointed the registered agent of the above named limited fiability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent			
10. Names and Street Addresses of Managing Members/Managers			
Titles Name of Managing Members/Managers	Street Address of Each Managing Member/Manag		City / State / Zip
Managing Robert A. Carr 4260 Skyway Dr. Cocoa Ft 32927			
REINSTATEMENT	No 08-09	ļ	500155460265
	05/09	5/09-	01037-022-#377.50
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608,406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect			
. all less owed by the limited hability company may been paid. The limband		s true and accurat	e, and my signature shall have the same legal effect 💹
as if made under oath. Signature of	ation indicated on this application is		
as if made under oath. Signature of Managing Member/Manager	ation indicated on this application is		a, and my signature shall have the same legal effect